Certified Peer Specialist Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Attestation of Recovery for Certified Peer Support Specialists

Note: This form is required for all Certified Peer Support Specialists and Trainees.

RCW 18.420.050(1)(a) requires certified peer support specialist applicants to complete the attestation of recovery form. Applicants must have one or more years in recovery from a mental health condition, substance use disorder, or both. Applicants may also qualify for the peer support specialist credential if they are the parent or legal guardian of a youth who is receiving or has received behavioral health services.

Recovery as defined in WAC 246-929-010, means a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery often involves achieving remission from an active substance use disorder or mental health condition.

☐ I have been in recovery since _____;
(mm/dd/yyyy)

☐ I am the parent or legal guardian of a youth who is receiving or has received behavioral health services

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed on _____ day of _____, _____ at _____
(date) (month) (year) (city or other location, and state or country)

_____
(Printed Name)

_____
(Signature)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Send this completed form to the address above.